

# State of Maryland

## Confidentiality Request Form

**Instructions:** Please complete this form if you would like your residence address, telephone number, and email address to be designated as confidential and protected from public disclosure. Mail the completed form and documents to:

- The local board of elections for the county in which you reside if your request relates to:
  - ☐ A *Voter Registration Record*;
  - ☐ A *Certificate of Candidacy* filed with the Local Board; or
- The State Board of Elections if your request relates to: (please check all that apply)
  - ☐ A *Certificate of Candidacy*
  - ☐ A *Statement of Organization*
  - ☐ A *campaign finance record* on file with the State Board.

I, \_\_\_\_\_, (Date of birth: \_\_\_\_\_) request that my residence address, telephone number, and email address as contained in my Voter Registration Record, Candidacy Record, and any Campaign Records be designated as confidential and precluded from disclosure under State Government Article, Title 10, Subtitle 6, Part III, Annotated Code of Maryland. I understand that if I am granted confidentiality, the election office will ask me to verify my information and confirm the continuing need for confidentiality every 2-years.

I am entitled to confidentiality due to the fact that I am an individual who falls under the category checked below. Please check the applicable category and include a copy of the requested proof with this completed form.

- ☐ Law Enforcement Personnel      *Subject to proof of employment (for example, letter from your employer), you may be entitled to confidentiality if you are a current or former:*
  - *Police officer;*
  - *Correctional employee with frequent inmate contact;*
  - *Member of the State or federal judiciary; or*
  - *Prosecutor or an investigator employed by a prosecutor.*
- ☐ Person Being Threatened      *Subject to proof of a threat to your personal safety (for example, restraining order, police report, statement from a social service agency, or other documents satisfactory to the election board), you be made be entitled to confidentiality if you are:*
  - *An abused spouse or other domestic partner;*
  - *A "stalked" individual;*
  - *An individual whose safety has been threatened by an unidentified person; or*
  - *An individual for whom disclosure of your residence address, telephone number, or email address is likely to lead to an unwarranted and serious invasion of privacy.*
- ☐ Victim of or Witness to Felony      *Subject to appropriate documentation satisfactory to the election board, you may be entitled to confidentiality if you are a victim of or a witness to a felony or a delinquent act that, if committed by an adult, would be a felony.*

The following information is relevant to my request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that, notwithstanding approval of the request for confidentiality, that the information will be made available to the jury commissioner, to other public officials as required by law, and as otherwise may be required by subpoena or other court order. Further, I waive any right of action against the State, the county, the State Board of Elections, the local board of elections, or their employees for failing to keep the information confidential. I affirm, under penalty of perjury, that the above information and any supporting documentation is true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_